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## C-A OPERATIONS PROCEDURES MANUAL

### ATTACHMENT

#### 2.11.a C-A Safety Review Sheet For Dedicated Accelerator Studies

C-A-OPM Procedures in which this Attachment is used.		
2.11		

#### Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
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Revision No. 00

Approved: \_\_\_\_\_ Signature On File \_\_\_\_\_  
Collider-Accelerator Department Chairman Date

E. Lessard

## Safety Review Sheet for Dedicated Accelerator Studies

### 1) Study Period:

Study # \_\_\_\_\_ Planned Start Date: \_\_\_\_\_ (Actual date can be different than planned date)

### 2) Title and Content of Study:

Title:
Briefly state the setup steps for this study that you wish Operations to take care of (or attach an outline):
Goal:
Equipment to be used:

### 3) List Others Who Will Work On the Study:

First and Last Name

Affiliation (Role in Study)

Phone Number


### 4) List Potentially Hazardous Equipment or Potentially Hazardous Operations Introduced by the Study (See Other Side). If none, then state none:


### 5) Qualifications:

Are you currently qualified as an Accelerator Physicist or Systems Specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Other Job Qualifications Necessary for Study: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Job Category or Permit Qualification:

### 6) Accelerator Physicist or Systems Specialist Completing This Form:

Name	Life or Guest #	Address	Telephone (pager)
Signature:			Date:

### 7) Review Authority (Accelerator Division Head, Associate Division Head, Deputy Division Head, or Accelerator Physics Group Leader from the Injectors, Collider, or Operations Analysis Group):

Signature:	Safety Review <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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### 8) Prior to start of study, the OC must be notified.

Outlined Attached ☐ Yes ☐ No

## Instruction Summary

Item No.	Description	Responsibility
1	Study # (e.g., 95-01 for first study in 1995), and Proposed Start Date (actual start date may be different)	Accelerator Physicist or Systems Specialist
2	Title, please use a descriptive but brief title. Give an overview of the setup and clarify what you want Operations to do.	Accelerator Physicist or Systems Specialist
3	Listing of persons in study. Indicate persons who will work in the MCR manipulating controls on behalf of the study.	Accelerator Physicist or Systems Specialist
4	<p>Listing of Potentially Hazardous Equipment or Potentially Hazardous Operations:</p> <p>Are you going to bring any equipment near its maximum rating? For example: lasers, pumps, cryostats, pressure devices, vacuum devices, liquid or gas mixing systems, rf devices, beam splitters, transport magnets, spectrometer magnets, power supplies or any devices capable of producing high-temperature (that is, devices with cooling systems)?</p> <p>Any study-related introduction of compressed air or gas systems, microwave devices, noise greater than 85 dBA, or welding and burning tools?</p> <p>Any possibility that oil or water may begin leaking as a result of the study?</p> <p>Will any studies-related equipment or activities require special written procedures or permits to operate?</p> <p>Will there be study-related changes to interlocks, Radiological Area designations, or fire protection systems?</p> <p>Are you going to disable equipment-protective systems?</p>	Accelerator Physicist or Systems Specialist (list on other side)
5	Qualifications of person performing study. Indicate other qualifications necessary to perform study; for example: RSC Committee Member, Division Head, (C-A Access Trained), Permit G (Escort Trained), Working Hot Permit, Radiation Work Permit, etc.	Accelerator Physicist or Systems Specialist
6	This form should be completed by the Accelerator Physicist or Systems Specialist who performs the study and signed.	Accelerator Physicist or Systems Specialist
7	Determine if additional training, design review, formal safety review or procedures are required. Indicate if a formal safety review or a review of procedures by Safety Section is required. Determine if the accelerators can safely tolerate the changes to machine parameters that are performed during the study. Determine if the Accelerator Safety Envelope may be breached.	Accelerator Division Head, Associate Division Head or Deputy
8	If the study extends beyond your shift, notify the next on-duty OC about the study. Indicate if a studies outline is to be attached. Place this completed form, and any studies outlines, in a dedicated log book / ring binder in the MCR.	Operations Coordinator